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HIV/AIDS prevention behaviouramongst youngsters of Cape Verdean origin living in Portugal

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Abstract

This paper deals with the preventive AIDS behaviour of youngsters of Cape Verdean origin living in Lisbon. It focuses on the group practices and representations of AIDS and gender oriented sexual behaviour. Based on an ongoing research project, the paper argues how AIDS has the potential to become another discriminatory factor in a group already racially and socially stigmatized.

This research aims to understand the relation between what young people know about HIV/AIDS and their active prevention behaviour. In addition, it explores how the immigration context may interfere in their behaviour and opinions towards HIV/AIDS and in the practices considered the safest ones to adopt. Therefore, this research is amongst those that aim to ground HIV/AIDS health education proposals on a clear understanding of how different populations or groups conceive their own healthcare.

For that purpose, we selected a sample of young people from Cape Verdean origin presently living in Portugal, born in or outside of Cape Verde. Both genders were equally present (8 men and 7 women), aged between 16 and 26 and living in council estates, in other words, housing built on council's urban redevelopment projects to relocate people from the slums. The areas of interest were chosen for presenting a high number of Cape Verdeans or their descendents: Lisbon, the Greater Lisbon and Loulé. We presuppose that belonging to these areas implies a particular social and economical context; for, although debatable, the definition of 'council relocation housings' conveys, to a great extent, a social categorization applied by a system of social classification to immigrants in Portugal. Accordingly, we considered eventual repercussions on the youngsters' social experience and on their material and symbolic existential conditions, upon which rely daily decisions concerning health and prevention.

A qualitative methodology of data collection was adopted, to allow an exhaustive explanatory study and the identification of several perceptual and behavioural patterns. Such methodology, developed by Rodrigues (1978,1999), is the most adequate to reach 'irrational' content - denomination commonly applied in Social Sciences to factors that "exist, but cannot be apprehended by reason" (Rodrigues, 1999, p.4). As the author refers, it is about reaching "that which cannot be measured, but is worthy of being known", more specifically, the emotional content and deeper meaning of youth's explanations regarding HIV/AIDS prevention behaviour. Thorough individual interviews were carried out, aiming to collect a material able to reveal the representations, the type of perception, the explanatory resources used, the

justifications produced according to the roles occupied within a certain group, particularly, their position regarding immigration and HIV/AIDS. By using self-examination (free discourse), we were able to identify main areas of interest and concern, their importance, how they interrelate with their life and the surrounding world. Moreover, aiming to identify exactly how the interviewees place the AIDS issue within their life concerns. Intermediary Questions enable us to explore HIV/AIDS issues relevant to the project, though not spontaneously raised by the youngster during the Free Discourse approach. The Socioeconomic Questionnaire enabled an understanding of the life conditions of this group in Portugal, as well as of their family history. Today we shall discuss here the subject of family migration in its different phases and by each individual.

The knowledge of HIV/AIDS

The analysis of the material obtained during the interviews demonstrates that this group has a shallow knowledge about the risk of getting AIDS and the virus' action, restricted to sexual transmission and to the idea the disease inevitably leads to death. The explanations provided regarding HIV transmission and consequences proves this group still holds obsolete information, long updated by the subjects of knowledge - some have wrong information on the virus transmission (through touch, sharing the same chair or objects touched by a contaminated person), also never bringing up how the disease develops, what happens after the contamination or incubation period. Young people do no take the initiative to access accurate information about HIV /AIDS (from friends, television, school or health services), nor are they used to seek up to date information on the latest scientific advances. Overall, information apparently comes to them through television or, in case of girls, through prospects handed out in local GPs or during campaign actions inside schools, a place where they remain for longer periods than boys. No accounts were registered that minimised the effects of AIDS. Unlike Rodrigues' research on University students (1999), which raises awareness to the possibility that extended knowledge on new drugs and cocktails could in fact be encouraging risk behaviour, the group in this study wasn't aware of new prescriptions and ways to extend life with AIDS that can suspend the disease's life sentence.

Not searching for more information on HIV /AIDS reflects a fear inherent to the epidemic, the unawareness of control therapies further relates AIDS to a notion of inevitable death. Thus, when few are the objectively known factors, risk behaviours must be interpreted as part as the same group of (symbolic) explanations adopted to face life threatening situations. In these cases, risk denial is one of the most prevalent behaviour mechanisms; far beyond

socioeconomic reasons, we witness a detachment that opts for death denial in detriment of a situation in which that group has no control whatsoever. Furthermore, we are dealing with a group (of young people) to whom 'mortality issues' are quite a distant concern, and who does not nurture the habit of doing regular health checkups, let alone spontaneously deciding to have an HIV test.

Not adopting constant and adequate precautions reveals a hiatus between the knowledge held on HIV/AIDS and the practical prevention behaviour they would be expected to have on a daily basis. In spite of being known to all, condoms are rarely used, except in situations considered of great risk – which were only mentioned by boys, for sexual relations with girls who swap partners *too often*, who are involved with high risk individuals, who do drugs or 'been with boys from outside the hood'. Besides these sexual encounters, these young people consider their own risk of contamination to be at the same level 'as everyone else is exposed to', and, except for just one girl, they describe their daily life unmarked by anyone suffering from HIV/AIDS.

Regarding the rare use of the condom, the analysis of their accounts revealed that their sexual relations rate is mainly sporadic and outside of a long term relation, sometimes in an irregular basis with one same partner during which they can also experience other furtive relations. Moreover, to this group dating is not conceived without sex, and sex is not conceived without intercourse, as well as all the other sexual acts (such as oral intercourse or anal intercourse), named as 'those other things', on which partners do not exchange any sort of opinions or impressions. We must add that, for the great majority, the first time did not follow a previous (explicit) consent on the act or the use condom, on the contrary, it derived from trust, a caring relation, opportunity or curiosity.

Then again, the use of condom as a HIV prevention measure is not even mentioned spontaneously, whereas it is promptly remembered (by almost all of them) when it comes to their major reason of concern regarding sex: the eventuality of an unwanted pregnancy. This is certainly the sex related issue that emerges naturally, especially amongst girls, but also amongst boys when they think about eventual sex related risks. One of the girls regards as part of the group culture a mythical notion to continue with the race and have a high number of children, which in her opinion 'ends up being the child taking care of another child'. It calls our attention to a recurrent situation that already happened to their own mothers, premature pregnancies aggravated by the lack of family support and enlightenment on certain subjects.

Equally, the scarce reference to the condom must be set in the due context, where, mainly girls, complain about the difficulties of learning from their parents, Cape Verdean or African, linked to a traditionalist culture that does not foresee a willingness to tackle the subject between generations. These girls state that, due to such silence, they search for help in their older siblings, uncles, aunts and cousins with whom they live and talk about their physical changes and behaviours resultant from their sexual and emotional maturation. This fact does not seem to worry boys, who state they rely much more on friends for doubts and explanations on 'what must be done'.

Negotiation as prevention factor

The interpretations on the (non) use of the condom lead us to the education campaigns general appeal that proposes planning and negotiating with the partner the practice of safe sex, aiming for the use of condom and/or sex without intercourse (Monteiro, 2002). The case study shows the understanding of negotiation techniques typical of the realm of domestic economy, brought important factors to the contradictions that must be solved in the realm of sexual economy, which suggests that the educational campaigns must recognize, above all, specific negotiation techniques between partners from a certain social group, in the context these situations are more frequent and facilitated. To this research interests less explicit processes of negotiation, symbolic agreements that try to preserve the social expected male and female roles. For instance, the perceived changes regarding the value of virginity show that, if certainly they correspond to a change in woman's social status, they do not imply a social recognition of woman's rising power over their sexual and emotional life. On the contrary, this is a field of deep contradictions; if, on one hand, virginity is not demanded before marriage, on the other, fathers and boys take evident trouble to assure that girls from the group do not begin their sexual life outside the community or have relations with 'strangers'. The attempts to control apparently serve the preservation of male and female roles, within a context of clear contradictions between the male social role of provider (referred by interviewees of both genders) and life circumstances of boys from the group, subject to the limitation of unemployment or underpaid employment without career perspectives, that weaken the expected male role. In parallel to this weakening, women's contributions to the group economy are not recognised and, despite their incomes are often the main means of sustenance of the family, when a man's wage is present, women's wages are considered a mere complement to the family income. This negotiation form, by means of a tacit agreement between those involved, veils and conspires to preserve certain attributions of

gender roles, and extends to the realm of sexual behaviour, where the knowledge of the young man, in the role of male provider and street wise, corresponds to the attribution of responsibility and decision making regarding the use of condom during intercourse. To a certain extent, the girl's attributions should reinforce her identification with the familiar environment and with the household care, thus falling upon her the responsibility to control pregnancy. The assimilation of responsibilities' division that this case study illustrates, favours the absence of dialogue between partners about protection and prevention factors, and explains why the concern with pregnancy risk are circumscribed to the female sphere, never mentioning the consequences and changes in her partner's life brought by the arrival of a child.

The identification of this form of division and preservation of routes and asymmetries between genders proves the subtlety of maintenance processes or changes in gender asymmetries (for instance, the unspoken control young woman hold over pregnancy, according to their own expectations towards their partner), in substitute of negotiation and likely explicit conflicts about safe sex practice. Moreover, it calls attention to the conducts and explanations that the group develop and adopt collectively, as forms more-a-less adapted to scientific indication on prevention, which in their perception enable guaranteed protection. Amongst these factors, the analysis undertaken highlighted the important qualities of protection and safety, unconsciously attributed to factors of interpersonal proximity, that the social group or community's environment enables and approves.

Familiarity as a protection factor

Beyond the health or disease issue, studies confirm that the symbolic nucleus related to the protection sensation in general associate the domestic universe with affective relations, loving relation, hospitality, security, reproduction and survival (Rodrigues, 1999; Monteiro, 2002). Such representations, found in this study, collide with representations of the outside as the place of work, uncertainty, anonymity, daily toil, legal imposition, discrimination and constraints predicted in the individual's condition of immigrant. In the analysis performed, these relations are crucial, as familiarity and trust on the partner are central to their notion of protection, as opposed to the insecurity brought by the unknown and the unfamiliar. 'Discomfort' and 'nuisance' are amongst the reasons put forward for non-prevention, but ultimately, the representations that sustain the option for not using condom rely on knowing well the partner, even if this knowledge is not based in a long-term relation. Familiarity also derives from knowing where he or she lives, whom does he or she relate with, which family he

or she belongs to, and principally if he or she belongs to the same immigrant community. This protective logic reassures boys and girls regarding the opposite sex, leading to a hierarchization of their members. For boys this translates in the categorization of the girl; the use of condom seems to make no sense if she is his girlfriend, lives with him, does not relate intimately with other boys (especially from other regions), nor has a very active and diversified sexual life in terms of partners, nor frequents with assiduity social places (streets, clubs and parties). For girls, the hierarchyzation depends on the boy's interest in developing a caring relationship, much more than sexual, with 'good intentions', that is to become a potential candidate in the love and marriage market, even if these expectations are not fulfilled later on.

Several studies have demonstrated that, from a symbolic point of view, knowing the partner is a form of protection and legitimizes neglecting safe sex practices. On one hand, this study confirms that familiarity corresponds to the importance of shared activities, exchanges, neighbourhood, bonds, proximity and integration with those that are closest (family and friends). On the other, it asserts that, within love/sex relations, the logical basis in protection always takes into consideration sexual exclusivity, proximity, acquaintance, familiarity and love bonds. These are relevant aspects for the characteristics of the family and social context (of an immigrant community), from where the sex partners of these young people belong to, which in their perception keeps them safe from the risk, even without protection. In other words, the notion of belonging to the same group (of immigrants) emerges as a fundamental justification for trust and, consequently, to engage in intercourse without condom. Objectively speaking, however, familiarity and trust are also promptly attributed to outsiders, who have their character positively though vaguely assessed ('he or she is a good person'), just for belonging to other groups, easily recognizable or close-by, which the youngster identifies with, such as other immigrant groups from Cape Verde or African origin in general.

Immigration is thus an important element to the constitution of 'familiarity' and 'trust', speeding up the establishment of unprotected behaviours in intimate relations. However, also being one of the main factors of social vulnerability for these young people and their groups, it becomes a potential risk factor to individuals which reference group plays an important role in protecting them from the exterior world, experienced as hostile and that rejects the immigrant as such. These facts reinforce not only the individual's tendency to turn increasingly to his own group, but also the feeling that the community provides the safest environment, as well as the rising belief that all possible dangers come from the exterior world, including sexually transmitted diseases in general.

For the analysis of the connexions between health logic and protection logic facing the daily life's threats, we must consider that the social experience of these young people takes place mainly inside the community that lives in Portugal; the short attendance in the formal education system does not permit identifying the school as an important place of social experience. Consequently, unlike the focus on personal responsibility and epidemiologic approach, the prevention policy centred on the symbolic dimension of protection of the youth in the popular segment must take into consideration, in the case study presented here, the social imaginary built around immigrants and the youth perception of their group – conveying negative aspects of personality and presence in Portugal, the perception of protection found in friendship bonds, solidarity and the importance of social interaction forms, familiar network and neighbourhood.

Immigration as a factor of vulnerability to HIV /AIDS

Once attained the significance these young people attribute to belonging to an immigrant collective and that their symbolic protection system depends, largely, on that same belonging, prevention proposals should emerge from the vulnerability conveyed by the immigrant condition attributed to that community, though refusing a culturalist vision, that imputes the justifications for the specificities of the group behaviour solely to their cultural inheritance and original group traditions. We must associate these youngsters' experience, based on important identifications both with Portugal and the place they live, and on the share of teenager and national symbols with Portuguese or other immigrant communities' youth. Objective and material life conditions constrain their social experience, reinforcing the feeling of identification with the community of immigrant origin, in contrast with the shallow reference received from factors of identification and belonging that bind them to Portugal, much more than to their parents' country. Like this, strengthening the aspects that give young descendents an internal conflict as where they belong to or fit in, which corresponds to an external imposition of the social definition of belonging and simultaneously a feeling of illegality for their presence in a place, Portugal.

In other words, by drawing attention to familiarity and trust on partners from the same (immigrant) collective, as significant protection resources within this group, we are stressing how adequate (and up to date) transmission of information on HIV/AIDS will only be effective if the prevention policies are also grounded on a thorough knowledge of cultural and belief systems that sustain healthcare practices. Nonetheless, negative social connotations reserved

to immigrants tend to highlight culture, beliefs, collective experiences and specific sexual behaviours as durable and definitive reasons for their vulnerability to HIV/AIDS (and threat of dissemination to the national population). These connotations reintroduce obsolete issues, which are still valid when applied to the terms immigration and AIDS, and evoke the eerie figure of the immigrant as major vehicle of diseases. Beyond the fear of infectious 'threat', the stigma always lays on a suspicion and rejection pre-existent to the epidemic and on which it confronts the well established (Pollack, 1992). These aspects are enough to confirm the recurrence of schemes that use the notion of such threat, just like in the working environment (threat to national citizens' jobs) or in the urban space (threat to the social order). Therefore, the investment of the epidemic's theoretical and empirical field must not allow the 'naturalization of the cultural', which usually serves as an *ad hoc* explanation for the complex problem of the disease amongst immigrants (Fassin, 2000). This form of approaching immigrants favours the operationalization of an AIDS ethnic policy. It delegates prevention and healthcare activities to individuals who claim a particular knowledge of those populations, but ignores the slow adaptation process of immigrants to the social time of the society of destiny (Dasseto, 1990), and specially their insertion in the annals of history of the place, where they now belong to. As we were able to assert from this study, these young people have as first history their family history, which evokes something that differentiates them from local youth.

In conclusion, from this work's outcomes is still noteworthy the confirmation that the emphasis on such protection system merely proves the frailty of other social insertions, the absence of alternative spaces and contexts, able to offer young people the conditions to (collectively) create (conscious or unconscious) prevention systems, appropriate to safe sexual practices and based on a consistent and constantly updated knowledge of HIV/AIDS and sexually transmitted diseases.

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